

MARLIN INDEPENDENT SCHOOL DISTRICT

130 Coleman Street

Marlin, Texas 76661

(254) 883-3585

APPLICATION FOR PROFESSIONAL POSITION

I. STATEMENT OF INSTRUCTION AND POLICY

1. Vitae and resumes are always welcome, however, information is not to be omitted on the application in lieu of a resume or vita
2. Enclose copies of all transcripts and teaching certificates.
3. Mail "Teacher Reference Report" to those listed as references.
4. Upon receipt of this application, the Personnel Office will arrange all personnel interviews.

II. PERSONAL DATA

1. _____

Last Name	First	Middle	SS Number
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2. _____

Address		
_____	_____	_____
City	State	Zip Code
Work Phone	Home Phone	Permanent Phone

III. POSITION DESIRED

- | | | |
|-------------------|----------------------|--------------------|
| ___(a) Elementary | ___Special Education | ___Ass't Principal |
| Grade Level _____ | ___ Vocational | ___ Principal |
| ___(b) Secondary | ___ Counselor | ___ Coach |
| _____ | | ___ Other |
| (subject area) | | |

An Equal Opportunity Employer

Marlin ISD does not discriminate on the basis of age, sex, handicap, race, color and national origin in its educational and vocational programs, activities, or employment.

IV. CERTIFICATION

(If you hold a Texas Certificate, complete section 1 below. If you hold a certificate from out-of-state, complete section 2)

1. Do you hold a Texas Certificate Issued prior to February 1985?
Yes___ No___

If issued prior to February 1985, have you completed the TECAT requirement?

Yes___ No___

If issued after February 1985, have you completed the ExCET requirements?

Yes___ No___

Year Texas Certificate Issued_____ Type Certificate:_____ (Prov./Prof.)

Level of Certificate:_____ (Elementary, Secondary, or All-Level)

Specialized Area (s) as shown on certificate:_____

2. Do you hold a VALID certificate from another state?

Yes___ No___

State_____ Date Issued_____ Expiration Date_____

Description of Certificate (as shown on certificate)_____

Have you completed the ExCET requirements for Certification?

Yes___ No___

*It will be the responsibility of the applicant to secure an evaluation of out-of-state credentials and apply for a Texas Certificate from the Texas Education Agency, Division of Teacher Certification, 1701 North Congress Ave., Austin, Texas 78701-1494. Phone # (512) 453-8976

V. REFERENCES

Please list references who are most familiar with your work, such as principal or supervisor. Student teachers list supervising and cooperating teachers.

1. _____
Name Position District

Work Telephone Home Telephone

2. _____
Name Position District

Work Telephone Home Telephone

3. _____
Name Position District

Work Telephone Home Telephone

4. _____
Name Position District

Work Telephone Home Telephone

5. _____
Name Position District

Work Telephone Home Telephone

VI. TEACHING EXPERIENCE

Begin with most recent teaching experience. Applicants who are seeking their first position should list student teaching.

Have you ever been employed? Yes___ No___

Are you presently employed? Yes___ No___

Date of Employment: From _____ To _____ Salary _____

Name of Employer _____ Address _____

(City and State)

Name of Immediate Supervisor _____ Phone _____

Title of Position you held _____ Reason for leaving _____

Assignment: _____

Description of assignment: _____

Date of Employment: From _____ To _____ Salary _____

Name of Employer _____ Address _____

(City and State)

Name of Immediate Supervisor _____ Phone _____

Title of Position you held _____ Reason for leaving _____

Assignment: _____

Description of assignment: _____

Date of Employment: From _____ To _____ Salary _____

Name of Employer _____ Address _____

(City and State)

Name of Immediate Supervisor _____ Phone _____

Title of Position you held _____ Reason for leaving _____

Assignment: _____

Description of assignment: _____

Date of Employment: From _____ To _____ Salary _____

Name of Employer _____ Address _____

(City and State)

Name of Immediate Supervisor _____ Phone _____

Title of Position you held _____ Reason for leaving _____

Assignment: _____

Description of assignment: _____

MAY WE CONTACT: Present Employer? Yes ___ No ___

MAY WE CONTACT: Former Employers? Yes ___ No ___

VII. INSTITUTIONS OF HIGHER LEARNING

<u>Name</u>	<u>Location</u>	<u>Major/Minor</u>	<u>Dates</u>	<u>Degrees/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VIII. MISCELLANEOUS

1. List any extra-curricular activities, which you are interested and qualified to sponsor or direct.

2. Are you presently under contract with any school district for the next school year?

Yes ___ No ___

(If yes, which district) _____

3. Do you have a relative who is either a member of the Marlin ISD Board of Trustees or who is employed in any capacity in the District?

Yes ___ No ___

If yes, please give the following information:

Name of Relative _____ Relationship _____

Position Held _____

4. Have you established a placement file? Yes ___ No ___

If yes, where _____

5. Have you ever failed to be renewed or have you been discharged from a teaching position? Yes ___ No ___

If yes, where and when _____

6. Have you ever been convicted of a felony of offense involving moral turpitude?

Yes ___ No ___

If yes, please state where, when, and nature of offense

(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, relationship between the offense and the position for which you are applying.)

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Marlin Independent School District, which reserves the right to accept or reject it. I hereby authorize the Marlin Independent School District to contact the references listed on this application, and to obtain my criminal history record information relevant to this application for employment from any pertinent source in accordance with the provisions of the Texas Education Code 21.917, and I further authorize any law enforcement agency, including but not limited to, any police department of the Department of Public Safety as well as the Texas Department of Criminal Justice to furnish the Marlin Independent School District any such record. References, placement folder information, and information which becomes a part of this record may be revealed to all persons who participate in the selection of employees.

(Date)

(Signature of Applicant)

**CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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***AS SHOWN ON THE ORIGINAL APPLICATION
**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL
FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State:	County:	Date of Offense:	/	/
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Details of conviction:

2. YES NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State:	County:	Date of Offense:	/	/
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Details of offense:

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____